


RECEIVED-FPSC

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COMMISSION
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Rtn Conf: DN 05420-09 090115-TP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>John T. Butler, Esquire Florida Power & Light Company 700 Universe Boulevard Juno Beach, Florida 33408-0420</p>	<p>B. Received by (Printed Name) <u>SUE AUTORINO</u> C. Date of Delivery <u>7/5/11</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 3410 0002 4112 5276</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE
04743 JUL 11 =
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